



**FRESENIUS
MEDICAL CARE**

RECEIVED

MAY 29 2015

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

May 28, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report. Section 1130.770
Project #10-063, Fresenius Medical Care Lakeview
Permit Holder: Fresenius Medical Care Chicagoland, LLC, Fresenius Medical
Care Holdings, Inc.
Permit Amount: \$1,280,746

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Lakeview, #10-063, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

April 7, 2015

Final Cost Report, Section 1130.770 Fresenius Medical Care Lakeview

Project #10-063, Fresenius Medical Care Lakeview

Permit Holder: Fresenius Medical Care Chicagoland, LLC, Fresenius Medical Care Holdings, Inc.

Permit Amount: \$1,280,746

This report summarizes the development and final costs of the above-mentioned project which is for a 4-station expansion of the 10-station Lakeview ESRD facility located at 4008 N. Broadway, Chicago. This project was originally an 8-station expansion, but was approved for an alteration on 9/20/2012 to reduce the expansion from 8 stations down to 4. The revised permit amount is \$1,280,746. Final realized costs were \$962,764.

The project was obligated through the execution for the additional leased space on May 31, 2011. The 4 stations became operational on May 21, 2015 thereby completing the project.

Project Costs and Sources of Funds

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Project Costs	Allowance/CON	Realized
Modernization	642,000	415,000
Contingencies	60,000	0
Architectural/Engineering	50,000	41,818
Movable & Other Equipment	150,000	127,200
FMV of Leased Space/Equipment	378,746	378,746
Total Project Costs	\$1,280,756	\$962,764
Funding	Allowance/CON	Realized
Cash & Securities	840,250	584,018
Lease FMV	378,746	378,746
Other Funds and Sources	61,750*	0
Total funds	\$1,280,746	962,764

Application and Certificate for Payment (AIA G702)

Final G-702 is attached.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702/CMA

CONSTRUCTION MANAGER-ADVISED EDITION

PAGE ONE OF 3

TO CONTRACTOR:
 DiNiso & Sons Construction Co., Inc.
 9910 W. 191st St., Suite A
 Mokena, IL 60448

PROJECT:
 Lakeview (Expansion 2015)
 4008 N. Broadway
 Chicago, IL 60613

APPLICATION NO: 2
PERIOD TO: 05/31/15
DISTRIBUTION TO: OWNER
 ARCHITECT

FROM SUBCONTRACTOR:
 DiNiso & Sons Construction Co., Inc.
 9910 W. 191st St., Suite A
 Mokena, IL 60448

OWNER:
 Fresenius Medical Care Chicago/Land, LLC
 c/o Fresenius Medical Care NA
 1909 Tyler Street, 8th Floor
 Hollywood, FL 33020

PROJECT NOS: 90399-1-FX-W-RN-14
CONTRACT DATE: February 13, 2015
 CONTRACTOR

CONTRACT FOR:
 General Construction

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 415,000.00
2. Net change by Change Orders \$ 0.00
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 415,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 415,000.00
5. RETAINAGE:
 - a. % of Completed Work \$ 0.00 (Column D - E on G703)
 - b. % of Stored Material \$ 0.00 (Column F on G703)
- Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) \$ 415,000.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 373,500.00
8. CURRENT PAYMENT DUE \$ 41,500.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	\$0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: DiNiso & Sons Construction Co., Inc.
 By: *Charles J. DiNiso* Date: May 19, 2015

State of: Illinois
 County of: Cook
 Subscribed and sworn to before me this 19th day of May, 2015
 Notary Public: *Anthony Silvestri*
 My Commission expires: 11/9/2016

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 41,500.00

Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.

CONSTRUCTION MANAGER:

By: _____ Date: _____
 ARCHITECT:
 By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Certification Of Cost Report
Fresenius Medical Care Lakeview
Project #10-063

Fresenius Medical Care Chicagoland, LLC, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Lakeview, Project #10-063, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: Dei A. Gurevich

ITS: Regional Vice President

Subscribed and Sworn to
Before me this 10th day of April, 2015

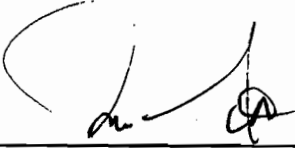
Candace M. Turoski
Notary Public

My commission expires: 12-09-2017



Certification Of Cost Report
Fresenius Medical Care Lakeview
Project #10-063

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Lakeview, Project #10-063, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: 
ITS: Mark Fawcett
Senior Vice President & Treasurer

BY: 
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to
Before me this 7 day of April, 2015

Subscribed and Sworn to
Before me this 7 day of April, 2015

C. Wynelle Scenna
Notary Public

C. Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

My commission expires: 06/25/2021

